# Tenant Improvement Permit Application Packet

## Submittal Forms Index

<table>
<thead>
<tr>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Tenant Improvement Submittal Checklist</td>
<td>2</td>
</tr>
<tr>
<td>Tenant Improvement Submittal Requirements</td>
<td>3</td>
</tr>
<tr>
<td>Occupant’s Statement of Intended Use Form</td>
<td>6</td>
</tr>
<tr>
<td>Permit Application</td>
<td>7</td>
</tr>
<tr>
<td>Mechanical Submittal Requirements</td>
<td>9</td>
</tr>
<tr>
<td>Plumbing Submittal Requirements</td>
<td>10</td>
</tr>
<tr>
<td>Cross Connection Survey Application</td>
<td>11</td>
</tr>
</tbody>
</table>

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Development Services ● Building Division ● 865 SE Barrington Dr. Oak Harbor WA. 98277
Phone: (360) 279-4510 ● Fax: (360) 279-4519
Use this checklist to ensure that all necessary information is provided for review of your project.

**Requirements for Submittal**

- [ ] A completed Permit Application
- [ ] Two (2) sets of accurate fully dimensioned drawings
- [ ] Two (2) sets of engineering and/or specifications (if applicable)
- [ ] Two (2) sets of NREC forms (if applicable)
- [ ] Island County Health Dept. Approval (Food & Drink Service)

**Plans to include the following:**

- [ ] All interior wall corridors, door swings and windows
- [ ] Required fire walls and door locations
- [ ] Plumbing & Mechanical fixture locations
- [ ] Location of fire alarm components, sprinkler heads, emergency lighting exit signs, ecté
- [ ] All new work to be done, clearly marked separate from all existing walls, fixtures, ecté
- [ ] Handicap parking and access into the building all the way to the altered area.
- [ ] Cross section showing any new wall and ceiling construction

APPLICATIONS ARE ONLY CONSIDERED COMPLETE IF ALL INFORMATION REQUESTED ON FORMS IS FILLED IN.
A. FEES DUE AT TIME OF PERMIT APPLICATION

The following non-refundable fees will be collected at the time of application for all tenant improvements projects.

1. Building Plan Check Fee

B. CODES

The City of Oak Harbor currently enforces the following code regulations:

**National Codes**

1. International Building Code (IBC)
2. International Residential Code (IRC)
3. International Mechanical Code (IMC)
4. International Fuel Gas Code (IFGC)
5. International Fire Code (IFC)
6. Uniform Plumbing Code (UPC)
7. International Property Maintenance Code (IPMC)
8. Accessible & Usable Buildings and Facilities (ICC/ANSI 1417.1)

**Washington State Amendments**

1. WAC 51-50 Washington State Building Code
2. WAC 51-51 Washington State Residential Code
3. WAC 51-52 Washington State Mechanical Code
4. WAC 51-54 Washington State Fire Code
5. WAC 51-56 & 51-57 Washington State Plumbing Code and Standards
7. WAC 296-46B Electrical Safety Standards, Administration, and Installation

C. CITY OF OAK HARBOR DESIGN REQUIREMENTS

- **Design Wind Speed:** 85 miles per hour (IBC Figure 1609)
- **Ground Snow Load:** 17 pounds per square foot (IBC Figure 1608.2)
- **Rain or Snow Surcharge:** 5 psf added to flat roofs if slope is <1/26 per foot
- **Seismic Zone:** D2 This is site specific for buildings designed under the IBC.
- **Rainfall:** 2 inches per hour for roof drainage design.
- **Frost Line Depth:** 12 inches
- **Soil Bearing Capacity:** 1,500 psf unless a Geo-Technical Report is provided.

D. PLANS AND DRAWINGS

Submit three (3) complete sets of drawings and plans. Drawings and plans must be submitted on minimum 18"X 24" or maximum 30"X 42" paper. All sheets are to be the same size and sequentially labeled. Plans are required to be clearly legible, with scaled dimensions, in indelible ink, blue line, or other professional media. Plans will not be accepted that are marked preliminary or not for construction, that
have red lines, cut and paste details or those that have been altered after the design professional has signed the plans.

Please Note: A separate submittal of plans is required for each building or structure.

E. SITE PLAN – REQUIRED WITH ALL SUBMITTALS

(May be included as part of the Architectural Drawing cover Sheet)

1. Drawing shall be prepared at scale not to exceed 1\(\text{\textdegree}\) = 20 feet.
2. Show building outline and all exterior improvements.
3. Provide property legal description and show property lines.
4. Provide dimensions from the property lines to a minimum of two building corners (or two identifiable locations for irregular plan shapes).
5. Show building set backs, easements and street access locations.
6. Indicate North direction.
7. Indicate finish floor elevation for the first level.
8. Provide topographical map of the existing grades and the proposed finished grades with maximum five feet elevation contour lines.
9. Show the location of all existing underground utilities, including water, sewer, gas and electrical.
10. Flood hazard areas, floodways, and design flood elevations as applicable.

F. ARCHITECTURAL DRAWINGS

1. Cover Sheet

   a) Building Information
      1. Specify model code information.
      2. Construction Type.
      3. Number of stories and total height in feet.
      4. Building square footage (per floor and total)
      5. IBC Occupancy Type (show all types by floor and total).
      6. Mixed-use ratio (if applicable)
      7. Occupant load calculation (show by occupancy type and total)
      8. List work to be performed under this permit

   b) Design Team Information
      1. Design Professional in Responsible Charge
      2. Architects
      3. Structural Engineers
      4. Owner
      5. Developer
      6. Any other Design Team Members

2. Floor Plan

   a) Plan view 1/8\(\text{\textdegree}\)minimum scale. Details a minimum ¼-inch scale.
   b) Plans must show the entire tenant space.
   c) Specify the use of each room/area.
d) Provide an occupant load calculation on the floor plan. (on every floor, in all rooms and spaces)
e) Show ALL exits on the plans; include new, existing or eliminated.
f) Show Barrier-Free information on the drawings.
g) Show the location of all permanent rooms, walls and shafts.
h) Note the uses in the adjacent tenant spaces, if applicable.
i) Provide a door and door hardware schedule.
j) Show the location of all new walls, doors, windows, etc.
k) Provide details and assembly numbers for any fire resistive assemblies.
l) Indicate on the plans all rated walls, doors, windows and penetrations.
m) Provide a legend that distinguishes existing walls, walls to be removed and new walls.

3. Reflected Ceiling Plan

a) Plan view 1/8" minimum scale. Details a minimum ¼-inch scale.
b) Provide ceiling construction details.
c) Provide suspended ceiling details complying with IBC 808.1.1.1. Show seismic bracing details.
d) Show the location of all emergency lighting and exit signage.
e) Detail the seismic bracing of the fixtures.
f) Include a lighting fixture schedule.

4. Framing Plan

a) Specify the size, spacing, span and wood species or metal gage for all stud walls.
b) Indicate all wall, beam and floor connections.
c) Detail the seismic bracing for all walls.
d) Include a stair section showing the rise, run, landings, headroom, handrail and guardrail dimensions.

5. Storage Racks (if applicable)

a) Structural calculations are required for seismic bracing of storage racks eight feet or greater in height.
b) Eight feet or less, show a positive connection to floor or walls.

NOTE: High pile storage shall meet the requirements of current International Building and Fire Codes.

G. SPECIAL INSPECTION

1. Where special inspection is required the registered design professional in responsible charge shall prepare and complete the special inspection and testing agreement application that will be submitted to the City of Oak Harbor and approved prior to issuance of the building permit.

H. WASHINGTON STATE ENERGY CODE

I. OCCUPANT’S STATEMENT OF INTENDED USE

1. The Occupant’s Statement of Intended Use form shall be completely filled out and may require the submittal of a Hazardous Materials inventory Statement (HMIS). Contact the Oak Harbor Fire Department.

The building permit does not include any mechanical, electrical, plumbing or fire sprinkler/alarm work. These permits are issued separately. Mechanical, electrical, plumbing, or fire sprinkler/alarm permits require a separate permit application and may also require separate plan review.

Please note that any tenant improvement work in a space that involves food handling or preparation requires Island County Health District approval before the permit can be issued. You must provide the Building Division a copy of the approval letter or the approved plans. Contact the Island County Health District at (360) 679-7350 with any questions or for more information.

An intake appointment is required for all large Tenant Improvement Building Permit Applications. To determine if your project requires an intake appointment, to schedule an appointment or to ensure that you have the most current information, please contact the City of Oak Harbor Building Division at (360) 279-4510.

Application by courier or mail will not be accepted. Incomplete applications will not be accepted.

I acknowledge that all items designated as submittal requirements must accompany my Building Permit Application to be considered a complete submittal.

Signature: ________________________________ Date: ________________
Owner/Owner’s Representative

Company: ________________________________ Phone: ______________
Project Information

Site Address: _____________________________________________________________________________________
Project Description: ________________________________________________________________________________
Project Valuation: __________________ Parcel Number: ______________________________________
Legal Description: __________________________________________________________________________________

Permit Type (check all that apply)

- [ ] New SFR Residential
- [ ] SFR Alteration
- [ ] SFR Addition
- [ ] SFR Mechanical
- [ ] SFR Plumbing
- [ ] New Commercial
- [ ] Commercial Alteration
- [ ] Commercial Addition
- [ ] Tenant Improvement
- [ ] Multi-Family
- [ ] Commercial Plumbing
- [ ] Commercial Mechanical
- [ ] Manufactured Home
- [ ] Sign
- [ ] Accessory Building
- [ ] Agricultural Building
- [ ] Demolition
- [ ] Irrigation System
- [ ] Other

Applicant Information

Name: _________________________________________________________ Phone: __________________________
Address: _______________________________________________ City/St/Zip: _______________________________
Contact: ______________________________________________________ Phone: __________________________
Cell: __________________________________ Phone: __________________________
Email: ____________________________________________________

Property Owner

Name: _________________________________________________________ Phone: __________________________
Address: _______________________________________________ City/St/Zip: _______________________________
Contact: ______________________________________________________ Phone: __________________________
Cell: __________________________________ Phone: __________________________
Email: ____________________________________________________

Contractor Information

Name: _________________________________________________________ Phone: __________________________
Address: _______________________________________________ City/St/Zip: _______________________________
Contact: ______________________________________________________ Phone: __________________________
Cell: __________________________________ Phone: __________________________
Email: ____________________________________________________

Design Professional □ Architect □ Engineer □ Designer

Name: _________________________________________________________ Phone: __________________________
Address: _______________________________________________ City/St/Zip: _______________________________
Contact: ______________________________________________________ Phone: __________________________
Cell: __________________________________ Phone: __________________________
Email: ____________________________________________________
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

______________________________________________________
Print Name

______________________________________________________
Signature of Owner or Authorized Agent Date

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<tr>
<th>Use Zone</th>
<th>Lot Area</th>
<th>Vacant Site</th>
<th>Lot Coverage</th>
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<tr>
<td>Front Setback</td>
<td>Side Setback</td>
<td>Rear Setback</td>
<td>Design Review</td>
<td>Critical Areas</td>
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<tr>
<td>Occupancy Group</td>
<td>Type of Construction</td>
<td>No of Dwelling Units</td>
<td>Sq Ft Garage</td>
<td>Sq Ft Carport</td>
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<td>SQ FT Floor #3</td>
<td>Sq Ft Deck</td>
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WHEN A MECHANICAL PERMIT IS REQUIRED?

The City of Oak Harbor requires a mechanical permit before mechanical equipment is installed, altered, replaced or remodeled. Examples are installations or alterations of gas piping, replacement of furnaces: installation or replacement of gas fireplaces: installation of gas logs in an existing wood-burning fireplace: and replacement or installation of gas space heaters and gas water heaters.

New and replacement gas water heaters are processed under Mechanical Permits

New and replacement electrical water heaters are processed under Plumbing Permits.

The City of Oak Harbor does not require a permit to replace an existing gas clothes dryer, stovetop ranges, ovens, or gas log if there is no gas piping installed or altered.

MECHANICAL PLAN REVIEW IS REQUIRED FOR THE FOLLOWING PROJECTS

1. New Commercial Buildings.
2. Complete HVAC systems and AC units, heat pumps, rooftop units or exhaust fans.
3. All hoods (Type I and II).
4. All spray booths
5. All spray booths
6. Multifamily (Except Townhouses) with common areas or smoke control
7. Alteration and/or modifications to existing mechanical systems.

SUBMIT TWO (2) COPIES OF THE FOLLOWING FOR MECHANICAL PLAN REVIEW

☐ Mechanical plans or drawings. (Minimum plan size is 18"X 24"scale, ¼"scale for details.)

☐ Engineered structural gravity and/or lateral force calculations for ALL rooftop units. If the unit is 400 lbs or larger engineered structural lateral force calculations are required.

☐ Reflected ceiling plan showing and identifying ductwork, equipment, piping, supply diffusers, return air grilles and fire dampers.

☐ List of equipment and schedule.

☐ Rooftop mechanical screening shall be required for any new rooftop equipment greater than 1’ in height and for any new equipment exterior to the building. Screen materials must be architecturally compatible with the building and shall be as high as the equipment being screened. Plans must show height of equipment relative to screening and shall include notations of materials and colors to be used. If an existing parapet effectively screens proposed equipment, plans must show parapet height relative to equipment height.

OTHER INFORMATION

WHEN A PLUMBING PERMIT IS REQUIRED

The City of Oak Harbor requires a plumbing permit before a plumbing system or fixture is installed, altered, or remodeled. Examples include new installation and replacement of dishwashers, water heaters, toilets, bathtubs, showers, or irrigation system. This also includes the replacement of all or part of a water supply or waste system. The city does not require a permit to stop leaks or clear stoppages unless the piping being repaired is altered or replaced.

New and replacement *gas* water heaters are processed under a Mechanical Permit.

New and replacement *electric* water heaters are processed under a Plumbing Permit.

PLUMBING PLAN REVIEW IS REQUIRED FOR THE FOLLOWING PROJECTS

1. New Commercial Buildings/New Multi-Family Buildings
2. Installation of Medical Gas Systems
3. Installation of Commercial Kitchen’s and Deli’s
4. Installation of Grease Traps or Grease Interceptors **NOTE:** Three (3) sets of drawings are required.
5. Alteration and/or modification to existing plumbing system.

SUBMIT TWO (2) COPIES OF THE FOLLOWING FOR PLUMBING PLAN REVIEW:

- Plumbing plans or drawings. (Minimum plan size is 18"X 24" scale, ¼" scale for details.)
- Size of sanitary and potable water systems.
- Location, type and specifications (cut sheets) of proposed fixtures and equipment.
- Riser diagram of waste and vent, potable water and rain water systems, including sizes.
- Medical gas piping riser diagram indicating type of gas, bottle storage room and size of piping.
- Lawn Irrigation systems, including number of heads at each zone, control devices and back flow assemblies.
- Location and type of all backflow assemblies for each fixture.

Requirements for fuel gas piping and combustion air or venting of equipment are reviewed in the International Mechanical Code and International Fuel Gas Code.

The installation of a backflow prevention devices (including those installed with a residential lawn sprinkler system) requires that a test report as specified in Uniform Plumbing Code Section 603.3.3 be provided at the job site at the timer of final inspection.
The purpose of this questionnaire is to help determine if you have any special plumbing or activities that pose an increased risk of contamination to the city of Oak Harbor water system. Please fill out the questionnaire and check the appropriate box that applies to your business or project.

Project Site Address: ___________________________________________  Property Tax Parcel: __________________________

Project Description: ____________________________________________

Business Name: ________________________________________________

Contact Name: __________________________________________________

Business Owner’s Name: _________________________________________

Owner’s Address: ________________________________________________  City: __________________ State: _________ Zip: ______________

Owner’s Email: _________________________________________________  Owner’s Phone: (______) ________-

Property Owner Name: ____________________________________________

Address: ________________________________________________________  City: ______________ State: _________ Zip: ______________

E-mail Address: ___________________________________________________  Phone (______) ________-

Backflow prevention assemblies shall be installed at all premises where in the judgment of the City of Oak Harbor Building Division or Water Division, the nature of activities on the premise may present a hazard to the public water system. All commercial and multifamily projects are required to provide premise isolation as a minimum protection.

1. Please indicate if your facility has, or will have any of the following:

- Air Conditioners
- Air Compressor
- Air Washers
- Aquarium make-up Water
- Aspirators, weedicide, herbicide, pesticide
- Aspirators, Medical -Lab
- Autoclave
- Autopsy Tables
- Auxiliary water system (well, pond, creek, other)
- Baptismal Fountain
- Bathtub, below rim filler
- Bed Pan Washers
- Beverage (pop) Machines using Co2
- Boilers Feed Lines
- Bottle Washing Equipment
- Brine Tanks
- Building three stories or more tall
- Car Washing Equipment
- Chemical Feed tank for industrial process
- Chemical Feed (commercial cleaners)
- Chlorinators
- Coffee Urn
- Commercial Cooking Kettles
- Computer Cooling Lines
- Condensate Tanks
- Cooling Towers Etching Tanks
- Decorative Ponds/ Fountains
- Degreasing Equipment
- Dental Equipment /Cuspidors
- Dialysis Equipment
- Dishwashers
- Drinking Fountains
- Dye Vats
- Espresso Machines
- Etching Tanks
- Fermenting Tanks
- Fertilizer Injection
- Film Processors
- Fire Dept Pumper Connection
- Fire Sprinkler Systems (with booster pump)
- Fire Sprinkler system with chemicals
- Fire Sprinkler Systems w/o chemicals
- Floor Drains
- Fume Hoods
- Garbage Can Washers
- Heat Exchangers w/o dbl wall leak path
- Heat Pumps
- Heating System using water
- Heating Boilers, Commercial
- High Pressure Washers
- Hot Tub
- Hydrotherapy Baths
- Ice Makers
- Industrial Fluid Systems
- Intertied (looped) Services
- Irrigation system (no chemicals)
- Irrigation system (chemical)
- Janitor sink
- Kitchen Equipment
- Laboratory Equipment
- Laundry Machines
- Lawn Landscape Irrigation w chemical
- Lawn Landscape Irrigation w/o chemical
- Livestock Drinking Tanks
- Make-up Tanks
- Mobile Carpet Cleaners
2. Are you aware of any existing backflow protection located on this property?
   Please Describe: __________________________________________________________
   ______________________________________________________________________

3. Please provide the name of all products or chemicals that are mixed with water at your location. __________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Please provide the name of all products or chemicals that are stored in bulk at your location.
   ______________________________________________________________________
   ______________________________________________________________________

The above information is complete and accurate to the best of my knowledge. I understand that any changes in equipment connected to the domestic water system must be reported immediately to the City of Oak Harbor Building Division and Water Division as a condition of continued service.

Completed By: ___________________________ Date: ___________________________

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